

Craigie House Care Home Care Home Service

Main Street
Crossgates
Cowdenbeath
KY4 8DF

Telephone: 01592 780 590

Type of inspection:
Unannounced

Completed on:
20 September 2023

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000123

About the service

Craigie House Care Home is a well established care home for people over the age of 65 situated in the residential area of Crossgates, Fife. It is close to local transport links, shops and community services. The home has a pleasant garden area and accommodation is provided in single rooms over three floors. The majority of rooms have en-suite toilets and shower facilities. Communal areas, including the lounge and dining rooms, are located on the ground floor, with a passenger lift providing access to and from the upper floors.

Craigie House Care Home was re-registered with the Care Inspectorate on 2 May 2023 to provide 24 hour care and support for up to 30 people. The service is provided by Holmes Care Group Scotland Ltd.

We completed a full inspection on 06 June 2023 and concluded that people were experiencing significantly poor outcomes as a result of using the service. The inspection highlighted critical weaknesses in aspects of the service which significantly affected the care that people received. We imposed requirements relating to care and support planning and adult support and protection.

About the inspection

This was an unannounced follow up inspection which took place on 20 September 2023.

The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 6 staff and management;
- spoke with 7 people living in the service and one of their visiting relatives;
- reviewed training records;
- observed staff practice;
- reviewed medication administration/audit systems;
- reviewed quality assurance systems;
- reviewed support plans.

Key messages

- We were pleased to see improved outcomes for people using the service.
- The management and staff had worked hard to meet the outstanding requirements and areas for improvement, and improve standards.
- We have extended the timescale for two outstanding requirements to enable the provider to make the necessary further improvements.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

Three requirements were made at the previous inspection relating to this key question; the service had met all but one requirement. Good progress had been made to meet the outstanding requirement relating to pain management. However, more time was needed to enable the provider to make the further improvements necessary to meet the requirement fully, and improve outcomes for people.

Requirement (1) in the 'what the service has done to meet any requirements we made at or since the last inspection' section of this report has not been met and remains in place with a new timescale of 8 December 2023.

As a result of our overall findings and the improved outcomes for people, we have re-evaluated quality indicators 1.2 and 1.3.

How good is our leadership?

3 - Adequate

One requirement was made at the previous inspection relating to this key question. This requirement has been met and as a result, we were pleased to see improved outcomes for people in all aspects of care and support. More information can be found in the 'what the service has done to meet any requirements we made at or since the last inspection' section of this report.

As a result of our overall findings and the improved outcomes for people, we have re-evaluated quality indicator 2.2.

How good is our staff team?

3 - Adequate

One requirement was made at the previous inspection relating to this key question; the service had made enough progress to deem the requirement met. However, we are making an area for improvement (1) to promote further improvement.

As a result of our overall findings and the improved outcomes for people, we have re-evaluated quality indicators 3.2 and 3.3.

Areas for improvement

1. To support people's wellbeing, learning and development, the provider should ensure the current training plan is adhered to, and all staff access training appropriate to their role, and apply their training in practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skilled'.
(HSCS 3.14).

How well is our care and support planned?**3 - Adequate**

One requirement was made at the previous inspection relating to this key question; good progress had been made to meet this. However, more time was needed to enable the provider to make the further improvements necessary to meet the requirement fully, and improve outcomes for people.

Requirement (7) in the 'what the service has done to meet any requirements we made at or since the last inspection' section of this report has not been met and remains in place with a new timescale of 08 December 2023.

As a result of our overall findings and the improved outcomes for people, we have re-evaluated quality indicator 5.1.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 08 September 2023, the provider must protect the health and welfare of those who use the service. In particular, you must ensure that pain experienced by people receiving care is identified and addressed timeously. In order to achieve this, you must:

- a) ensure staff have the awareness, skills and knowledge to recognise the signs of symptoms of people experiencing pain;
- b) develop, implement and regularly review care plans that accurately reflect the possible causes of chronic and/or acute pain people receiving care may experience;
- c) develop, implement and regularly review pain assessment tools to ensure signs that people receiving care who are in pain are identified and their pain addressed timeously.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 4(1)(b) and Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 6 June 2023.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because groups of people were left for long periods in the middle of the lounge before being transferred out of wheelchairs into more comfortable seating. We saw this was causing discomfort and pain to some people and this was not recognised by staff.

During this inspection we saw pain recognition and management booklets had been developed by the training department; the service had just received these. These will be distributed to all staff and contain questionnaires to measure staff's understanding of what they have learned. This will be followed by reflective practice accounts with the manager, so she can ensure they are putting what they have learned into practice. Good progress had been made in working towards meeting this requirement, but more time was needed to meet it fully, and ensure outcomes for people are improved.

An extension to the timescale has been agreed to 8 December 2023. As a result of our overall findings and the improved outcomes for people, we have re-evaluated key question 1 - quality indicator 1.3 from 2 (weak) to 3 (adequate).

Not met

Requirement 2

By 08 September 2023, the provider must make proper provision for the health, welfare and safety of people using the service.

To do this the provider must, at a minimum:

- a) ensure proper provision for the consistent and accurate assessment and monitoring of people's nutritional needs;
- b) ensure proper provision for appropriate and timely referrals to other healthcare professionals;
- c) ensure staff awareness, skills and knowledge of people's nutritional needs and how these needs should be met;
- d) ensure accurate and consistent recording of people's food intake where appropriate and required.

This is to comply with Regulation 4(1)(a), (b) and Regulation 4(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This requirement was made on 6 June 2023.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because people did not always have access to fluids. We found people who were underweight were not weighed in line with the provider's policies and guidelines. When people lost additional weight, we could not find evidence that action was taken to address these concerns.

During this inspection we saw all senior staff had undertaken MUST (Malnutrition Universal Screening Tool) training and individual reflective practice accounts. The manager had put a nutritional needs overview in place for everyone living in the home. Holmes care group food diaries had been introduced to monitor people's intake and the manager had daily oversight of these. We looked at a sample of care and support plans, MUSTs, ADDSIs (The International Dysphagia Diet Standardisation Initiative - level of food textures and drink thickness), and monthly weight charts. We found these to be complete and up-to-date. We saw evidence of input from other health professionals, for example, the dietician, resulting in people receiving the right support.

As a result of our overall findings and the improved outcomes for people, we have re-evaluated key question 1 - quality indicator 1.3 from 2 (weak) to 3 (adequate).

Met - within timescales

Requirement 3

By 08 September 2023, the provider must make proper provision for the health, welfare and safety of people using the service.

To do this the provider must, at a minimum:

- a) ensure a record of the daily target intake for the person is kept;
- b) ensure accurate recordings of their intake including the total amount for each day;
- c) ensure staff awareness, skills and knowledge of people's fluid intake needs and how these needs should be met;
- d) ensure details of the action to be taken if their intake could impact on good health outcomes are kept;
- e) ensure proper provision for appropriate and timely referrals to other healthcare professionals.

This is to comply with Regulation 4(1)(a), (b) and Regulation 4(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This requirement was made on 6 June 2023.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because poor record keeping and monitoring of people's dietary and fluid intake further increased the risks to people.

During this inspection we saw some staff had undertaken Hydration and Completion of Fluid Balance Charts training and individual reflective practice accounts. Fluid balance charts were in place for people who required extra support to monitor their intake. These contained people's individual daily fluid intake targets and were totalled each day to see if targets had been met. We saw evidence of action being taken when these targets had not been met, for example more frequent encouragement to drink to promote hydration, and the positive results this had. We saw that drinks were readily available for people throughout the day and staff were encouraging consumption.

As a result of our overall findings and the improved outcomes for people, we have re-evaluated key question 1 - quality indicator 1.3 from 2 (weak) to 3 (adequate).

Met - within timescales

Requirement 4

By 08 September 2023, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing needs of people receiving care are met, and they experience positive outcomes.

This must include, but is not limited to:

- a) ensuring appropriate and effective leadership of the service;
- b) implementing accurate and up-to date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay;
- c) ensuring that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes;
- d) ensuring the current environmental improvement plan is adhered to, to improve the standard of living conditions for people receiving care and enhance their well-being.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 6 June 2023.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because management oversight of the service was insufficient. We found significant risks to people, including falls, stress and distress, continence, hydration, pain management and weight loss were not effectively identified, monitored or managed.

During this inspection we found the overall managerial oversight had improved which meant outcomes for people using the service, and staff, were better. The manager was implementing quality assurance processes more effectively to ensure the health, safety and wellbeing of people living in the home. In addition to the improvements stated throughout this report, she had commenced residents' meetings to gain their views on service delivery and ask how things could be improved for them. Some rooms in the home are being re-purposed, which the residents are heavily involved in. People we spoke to said the manager walks around the home every day and takes time to speak with them. Staff told us that although some changes were hard, things are better as everyone has had their roles and responsibilities clarified and daily staff allocation sheets are in place.

No progress had been made on the environmental improvement plan as many rooms are being repurposed, therefore, changes in the current plan might be necessary. The regional operations manager told us the environmental plan will be taken into account prior to work starting.

As a result of our findings and the improved outcomes for people, we have re-evaluated key question 2-quality indicator 2.2 from 2 (weak) to 3 (adequate).

Met - within timescales

Requirement 5

By 08 September 2023, the provider must ensure that people receiving care experience a service with well trained staff. In particular, you must ensure that all relevant staff receive and record completion of training in relation to: stress and distress, nutritional care, falls management, and pain assessment and management and other relevant training, where it is appropriate to the role performed by the staff member to meet the assessed care and support needs of people receiving care. This must include but is not limited to regular monitoring to demonstrate how the training received is being implemented in practice, taking into account current best practice guidance.

This is in order to comply with Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 6 June 2023.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we identified gaps in their knowledge and understanding in areas including supporting people living with dementia, stress and distress, pain management, falls management, fluid and nutrition management and care planning.

During this inspection we saw training had been delivered on Hydration and Completion of Fluid Balance Charts, Care Planning, Falls Prevention and Management, and Understanding Dementia and stress/distress - skilled level. We saw evidence of the manager carrying out reflective accounts and practice observations to demonstrate how the training received is being implemented in practice. Not all staff had received the training but a rolling training plan was in place to ensure all staff are captured. We are deeming this requirement met and made an AFI (area for improvement) to promote further improvements. See AFI (1) in the key question 3 section of this report.

As a result of our findings and the improved outcomes for people, we have re-evaluated key question 3-quality indicator 3.2 from 2 (weak) to 3 (adequate).

Met - within timescales

Requirement 6

By 08 September 2023, the provider must ensure that the health, welfare and safety needs of service users are met. To do this you must ensure that the number and skills mix of staff in the home are adequate to meet the needs of the service users at all times.

This must include but is not limited to:

- a) a regular assessment of the needs of service users which takes into account the support service users require to live purposeful and meaningful lives;
- b) demonstrating how the findings of the needs assessment are used to inform staffing numbers, the skills mix of staff and deployment of staff throughout the home at all times;
- c) developing and implementing risk assessment and management procedures to identify and address any staff shortages.

This is in order to comply with Regulation 4(1)(a), and Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 6 June 2023.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we found staffing levels across the home were inadequate to ensure people's health, safety and wellbeing.

During this inspection, we saw that the manager completes a monthly dependency tool which calculates the number of staff required on shift to meet people's needs. The use of agency staff had recently dropped considerably due to a change in some staff's shift pattern. This means people are more likely to be cared for by people who know them, and their needs, which is more time effective. The manager had given clarity to individual staff's roles and responsibilities and commenced daily staff allocation sheets. This meant staff knew what was expected of them at any given time. The home was working closer with its sister home which sits within the same grounds. This provided an opportunity to access extra support when unexpected events occurred. During the inspection, the home was calm and people were being supported in a relaxed manner.

As a result of our findings and the improved outcomes for people, we have re-evaluated key question 3-quality indicator 3.3 from 2 (weak) to 3 (adequate).

Met - within timescales

Requirement 7

By 08 September 2023, the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered.

To do this the provider must, at a minimum, ensure:

- a) care and support plans include any relevant risk to them that could affect their health and wellbeing;
- b) risks and associated support measures are clearly stated and with sufficient detail within people's care

and support plans and assessed at agreed intervals;
 c) care and support plans include information on all important care needs and health conditions;
 d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed;
 and
 e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 6 June 2023.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we noted that care plan reviews lacked effective evaluation. Therefore, necessary changes to the care people required were not made. We were not confident that people's needs were accurately assessed or reviewed.

During this inspection we saw that personal plans were being transferred over to Holmes Care Group care planning systems. The senior staff had received training on this and been supported by the manager and the organisation's quality team. We saw some good improvements since the last inspection. Risk assessments were in place and as mentioned previously, there were some good care plans in place, for example, in relation to meeting people's nutrition and hydration needs. However, it was recognised by the management that in some instances, the standard of care plans lacked consistency. More work was needed to ensure there was always an effective evaluation of people's needs in order to plan good care.

An extension to the timescale has been agreed to 08 December 2023. As a result of our overall findings and the improved outcomes for people, we have re-evaluated key question 5 - quality indicator 5.1 from 2 (weak) to 3 (adequate).

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To promote people's nutritional health and promote wellbeing, the provider should regularly review:

- a) mealtime arrangements and evidence effective staff engagement and support;
- b) the menu arrangements to ensure adequate provision of meal choices, including the provision of fruit and vegetables.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 6 June 2023.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because we observed lunch being served and found this to be chaotic. People were not always given a choice of the meals on offer and some people sat for long periods without being served or interacted with. Some people were not offered all courses, until we intervened, because staff were so busy. Some people were not offered a drink and those that were, were not always encouraged to drink it.

During this inspection the manager told us mealtimes now have a structured routine. She organised more support from kitchen, with meal trolleys made up and delivered to all floors. This prevented staff from all floors congregating in the kitchen area at mealtimes. The manager had oversight of mealtimes; this was delegated to senior staff in her absence. Senior staff also had responsibility for ensuring monitoring charts are completed after each meal, taking responsibility for any required action or escalating concerns to the manager.

We arrived in the home at lunchtime; the dining room was calm, and the manager was in the dining room overseeing. The daily menu was on display and people were being offered a choice of meal and drinks. Staff were interacting with people as they were serving and supporting them. We observed people having their evening meal which, again, was very organised and relaxed. It was evident staff knew people's likes, dislikes and abilities and supported them well. This was also the case for people who chose to have their meal in their bedroom (with the exception of one scenario which was discussed with the operations manager and addressed immediately).

This area for improvement was met.

Previous area for improvement 2

To support the health, welfare and safety of people who use the service, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. The provider should also consider people's use of outdoor space in a way that promotes independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 6 June 2023.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because a minibus was available one day per week to take people out into the local area. Although people were leaving the home, they were not permitted to leave the bus. This meant that trips were not allowing people to interact with the local community or fully benefit from the opportunity to experience a new environment.

During this inspection we were informed a new activities co-ordinator had been recruited and due to start imminently. Since the previous coordinator left, the coordinator from one of the organisation's sister homes had been supporting the home by arranging entertainment, a local fitness person to attend weekly to encourage physical exercise, bingo and bus trips, sometimes joint outings with its sister home. The manager had held discussions with residents to see how to use the bus better. They have decided on a wishing well and use the bus to accommodate people's wishes to travel.

The manager has established links with the local nursery who visit once per week, alternating between Craigie House and its sister home. The children choose the activity one week, and the residents choose the next. The manager said she intends to explore other community links. She allocates staff to organise activities every second day. The management recognised improvements are required to ensure people are being offered regular meaningful activity but are confident the new activities coordinator will address this.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

To support the health, welfare and safety of people who use the service, the provider should ensure that service users experience care in an environment that is safe and minimises the risk of infection. The provider should ensure that quality assurance systems and processes in relation to infection prevention and control are efficient and effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience and environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24).

This area for improvement was made on 6 June 2023.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because some care equipment required further cleaning. Hoists, stand aids and shower chairs should be thoroughly cleaned to prevent the risk of cross infection.

During this inspection we observed the home to be clean and free from clutter and offensive odours. All equipment looked at, was clean and subject to more robust cleaning schedules. The manager carried out daily walk rounds to ensure standards were maintained. A head housekeeper from one of the organisation's

sister homes had been supporting the domiciliary staff and implemented the new cleaning schedules in accordance with current best practice guidance.

This area for improvement was met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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